

## ARTICLE 5

### SECTION 11

#### MEDI-CAL COVERAGE FOSTER CARE AND AAP, AAC

##### 1. GENERAL

Children placed under Foster Care supervision or those receiving Aid to Adoptive Parents (AAP) are not always eligible to receive Medi-Cal. Each case must be assessed individually and granted under the appropriate aid code if eligible. The dependency status of the child is not a factor in determining Medi-Cal eligibility. This section defines the various aid codes, when they are to be used, the forms necessary and the procedures to be followed.

##### 2. BASIC CRITERIA

To receive Medi-Cal under any aid code children must meet certain basic Medi-Cal criteria. They must:

- A. Be U.S. citizens or meet eligible alien status requirements per MEM 50301 through 50313 and MEM procedures 7A and 7D.

NOTE: Medi-Cal eligible alien status regulations differ from those in the AFDC program.

- B. Meet Institutional Status requirements per MEM 50271 through 50273 and MEM procedures 6A (Appendix A).

Clarification: Children placed at Camarillo and Napa State Hospitals (public mental institutions) under W&I Codes 601 and 300 are under medical care not custodial care and may be eligible for Medi-Cal.

Custodian Care means: Maintenance care provided by a psychiatric institution to individuals whose condition does not warrant medical treatment. Medical treatment includes psychotherapy, counseling, rehabilitation training or other form of medical treatment.

- C. Not be under a penal hold. Because of the complexity of the penal system and the many types of penal holds certain clarifications have been addressed here. They are not all inclusive and variations must be clarified on an individual basis. The Probation Department sometimes refers to children as "602 children" when they are not actually under a penal hold.

MEM  
Proc. 6A

The following children are determined to be under a penal hold and are ineligible for Medi-Cal.

1) Children Under Arrest

Clarification: Children who have committed crimes, are detained and admitted to hospitals or held in Juvenile Hall (detained under Section 602) prior to and/or after a detention order being signed, are to be considered to be under arrest. Medical treatment involving minor children requires legal consent of either the parent/guardian or some other agency or individual who has authority to give such consent. Per SDHS, a law enforcement agency cannot obtain such authority without:

- a) Placing the child under arrest; or
- b) The parents formally surrendering their authority to the law enforcement agency; or
- c) By court action.

2) Children Held Pending a Hearing, Arraignment, Trial or Sentencing

Clarification: Those released on bail are not considered "held" unless bail is revoked.

3) Children Serving a Sentence

Clarifications:

- a) Children who are placed on parole or probation pursuant to a dispositional order under Section 602 are not considered to be under a penal hold and may be eligible to Medi-Cal. They may still be in Juvenile Hall awaiting placement in a Foster Care or group home or be already placed in programs such as Vision Quest, Rite of Passage, Sunny Mountain Ranch and Boys Republic.
- b) Children sentenced to serve terms under the California Youth Authority or sentenced to specific time to be spent in Honor Camps are under a penal hold and not eligible to Medi-Cal.
- c) Children sentenced to a term of incarceration who are temporarily placed in a Foster Home pending available space in the detention center are ineligible.

4) Children Placed in a Mental Institution Under a Pre-Trial or Pre-Sentencing Observation Order or Who Are Sentenced to Such an Institution

Clarification: Children placed at Camarillo or other State Hospitals must be evaluated to determine if they are still under a penal hold (ineligible) or have been placed on probation (potential eligibility).

Children discontinued from Medi-Cal under any program must be evaluated for eligibility under any other Medi-Cal program.

3. FEDERALLY ELIGIBLE (AID CODE 03)

MEM  
Proc. 5E

Aid Code 03 is used for federally eligible AAP children. They are eligible for Medicaid but may not be eligible for Medi-Cal depending on where they reside.

A. Residing Within California or in Another Country and Placed by California

These children automatically receive a Medi-Cal card through the 03 case.

B. Residing in Another State and Placed by California

MEDS suppresses the Medi-Cal card (eligibility status remains showing 001) and Medicaid coverage becomes the responsibility of the state in which the child resides. EW 15 and 45 MEDS transactions will be allowed on MEDS should the need arise to issue a Medi-Cal card to a child who has returned to California.

Children Services Bureau staff are responsible for arranging Medicaid coverage for children placed out of state, but the worker must send a timely Notice of Action discontinuing Medi-Cal.

NOTE: Puerto Rico, Guam, the Canal Zone and other U.S. territories are considered as other states.

C. Residing in California and Placed by Another State

These children are entitled to Medi-Cal coverage and are to be granted under Aid Code 03-B. They do not have to be receiving a cash grant from the other state.

1) Requests for Medi-Cal

Requests may be received from the placing state or the adoptive parent. Responsibility for granting these cases is centralized in the Kearny Mesa District Office. If application is made in any other district office, that district's Preapp section shall obtain the forms listed in 2) below and send the packet to Kearny Mesa for processing.

2) Forms/Verifications

The following are necessary to establish the case.

- a) MC250 (Application Form) - To be completed by the placing state or adoptive parent. A letter from the placing state may be used in lieu of the signature at the bottom of the MC250 form.
- b) Placing state/agency's written verification that the child is federally eligible for AAP. The statement must include the following:

- Name of child and adoptive parent(s);
- Child's SSN, date of birth, address;
- Certification of Title IV-E federal eligibility to AAP;
- Termination date of Medicaid from the placing state;
- Other health insurance, if any; and
- The adoptive agreement termination/renewal date and a statement that the adoption agreement is on file in the placing state.

3) Annual Verification

The child's eligibility to federal AAP must be verified with the placing state annually at redetermination. The worker may obtain the verification in writing or by a telephone call to the placing agency. Verbal verification must be documented in the case file showing the date of contact, name and position of the person contacted.

4. NON-FEDERALLY ELIGIBLE AAP/AAC (AID CODE 04)

Aid Code 04 is used for non-federally eligible AAP/AAC children placed by California. These children are eligible to a Medi-Cal card regardless of where they reside. MEDS will not suppress the Medi-Cal card going out of state on these cases.

5. FEDERALLY ELIGIBLE AFDC-FC (AID CODE 42 or 45)

A. Aid Code 42

Aid Code 42 is used for federally eligible children placed in Foster Care by California agencies.

1) Placed Within California or in Another Country

These children automatically receive a Medi-Cal card through the 42 case.

2) Placed in Another State by California

MEDS suppresses the Medi-Cal card (eligibility status remains showing 001) and Medicaid coverage becomes the responsibility of the state in which the child is placed. EW15 and EW45 MEDS transactions will be allowed on MEDS should the need arise to issue a Medi-Cal card to a child who has returned to California.

Children Services Bureau staff are responsible for arranging Medicaid coverage for children placed out of state but the worker must send timely Notice of Action discontinuing Medi-Cal.

NOTE: Puerto Rico, Guam, the Canal Zone, and other U.S. territories are considered as other states.

B. Aid Code 45-B

Aid Code 45-B is used for federally eligible Foster Care children placed in California by another state. These children must be receiving a cash grant.

1) Requests for Medi-Cal

These may be received from the placing state. Responsibility for granting these cases is centralized in the Kearny Mesa District Office. If application is made in any other district office, that District's Preapp section should obtain the forms listed in section 2) below and send the packet to Kearny Mesa for processing.

2) Forms/Verification

The following are necessary to establish the case:

- a) MC250 (Application Form) - to be completed by the placing state. A letter from the placing state may be used in lieu of the signature at the bottom of the MC250 form.
- b) Placing state's written verification that the child is federally eligible for Foster Care. The statement must include:
  - Name of child;
  - Child's SSN, date of birth, address;
  - Certification of Title IV-E federal eligibility to Foster Care and continued receipt of cash grant;
  - Termination date of Medicaid from the placing state; and
  - Other health insurance, if any.

3) Annual Verification

The child's eligibility to federal Foster care must be verified with the placing state annually at redetermination. The worker may obtain the verification in writing or by a telephone call to the placing agency. Verbal verification must be documented in the case file showing date of contact, name and position of the person contacted.

6. NON-FEDERALLY ELIGIBLE AFDC-FC (AID CODE 40)

Aid Code 40 is used for non-federally eligible children placed in Foster Care by California.

Clarification: This category includes children who might be otherwise federally eligible but are placed in "for-profit" facilities inside or outside of the State of California such as Vision Quest, Rite of Passage, Sunny Mountain Ranch or Boys Republic. It is important to assign the correct aid code so that children placed in "for-profit" facilities out of state will continue to receive their Medi-Cal cards.

7. THE CW (CHILD WELFARE) CODES

Aid Codes CW are used for children in Foster Care when the payments are made from County Treasurer Funds. Children receiving aid under these codes may be eligible to Medi-Cal if they meet the basic criteria in sections 2.A. through C., above. They are granted Medi-Cal under Aid Codes 45 when these criteria are met.

8. FOSTER CARE - MEDI-CAL ONLY (AID CODE 45)

This aid code is used in a small number of cases for children placed in Foster Care out of the home when a public agency is assuming financial responsibility for the child's care and the agency has responsibility for the child's placement.

This aid code is also used when a Medi-Cal only case is opened to meet the immediate medical need of a child(ren) who has not been placed or whose AFDC-FC eligibility cannot be established, and the child is not currently active in an AFDC or No SOC Medi-Cal case. Refer to 12.D for Medi-Cal only referral and card issuance instructions.

A. Included are:

- 1) Federally Eligible AFDC-FC children placed in California by another state. This requires a cash grant being paid by the placing state. Use aid code/type 45-B.
- 2) Children receiving aid under the CW aid codes when they meet the basic criteria in sections 2.A. through C.
- 3) Children placed in CMH when public funds are used for their personal needs.

Clarification: Children at the Door of Hope would not be eligible under this aid code unless receiving public funds. Their needs are usually met by Door of Hope, which are private funds. These children may be eligible under aid codes 82/83 or 34/37.

B. Required Forms

- 1) CA-1 or any written request for aid.
- 2) MC 250 completed by a representative of the public agency assuming financial responsibility.

Forms MC 216 and MC 217 are not required.

9. MEDICALLY INDIGENT (AID CODES 82/83)

Aid Codes 82/83 are used for children (in or under Foster Care supervision and others) who do not meet AFDC linkage requirements. Ref: MEM 50251 [a][1][2][4][5][6].

MEM  
50251

This category includes but is not limited to:

- A. Children, not living in the home of a parent or a relative, who are in a medical facility where a public agency is not assuming financial responsibility because the parents are providing all personal needs. Included in this category are state hospitals such as Camarillo when the parents/relatives are providing for the child's personal needs.
- B. Children placed with non-relatives where the child's own income exceeds the Foster Care rate.
- C. Children placed back with the parent(s) under Foster Care supervision and there is no AFDC linkage.
- D. Children placed in Long Term Care (LTC) when no public agency is providing for personal needs in whole or in part.
- E. SED (Severally Emotionally Disturbed) children with no AFDC linkage and disability has not been established. These children are determined to be "living in the home" and only temporarily absent for educational purposes. The parent's income and resources must be considered. Payments to the Institution on behalf of the child are exempt as income.
- F. Forms/Verification
  - 1) CA-1 or any written request for aid.
  - 2) 16-2 DSS (Statement of Facts) for dependent children. The person or representative of the agency having legal responsibility for the child must complete form 16-2 DSS. In a dependency situation, DSS has legal responsibility for the child. The person who has the most information should complete the Statements of Facts (SW or worker).
  - 3) MC 216: Rights of Persons Requesting Medi-Cal.
  - 4) MC 217: Medi-Cal Responsibility Checklist.

10. MEDICALLY NEEDY (AID CODES 34/37)

These aid codes are used for children and adults who are AFDC linked (i.e., meet a deprivation factor).

MEM  
50205

- A. Included in this category are:
  - 1) Children placed back in the parent's home under Foster Care supervision and the child is linked to AFDC.
  - 2) Placed in the home of a relative who refuses or is ineligible to AFDC-FC payments.
  - 3) SED children when AFDC linkage exists (See 9.D., above).

B. Forms/Verification

Same as 9.F., above.

11. RETROACTIVE MEDI-CAL

A. Required Information

When retroactive Medi-Cal is requested for a child placed in California by another state, the worker must obtain the following information, if not already obtained, from the placing state:

- 1) Date the child moved to California; and
- 2) Written verification that the child is federally eligible for AAP or AFDC-FC that includes:
  - a) Name of child and adoptive/foster parent(s);
  - b) Child's SS#, date of birth, address;
  - c) Certification of Title IV-E federally eligible to AAP/AFDC-FC;
  - d) Termination date of Medicaid benefits from the placing state;
  - e) Other health insurance coverage, if any;
  - f) For AAP cases, the adoption agreement termination/renewal date and a statement that the adoption agreement is on file in the placing state; and
  - g) For AFDC-FC cases, the name of the agency in the placing state with responsibility for care and custody of the child and verification that the child is receiving an AFDC-FC grant.

B. Limitations on Retroactive Eligibility

Retroactive eligibility may not be granted prior to the month the child moved to California or three months prior to the month the MC 250 is dated, whichever is later.

12. FOSTER CARE CARD ISSUANCE

A. Polinsky Childrens Center (PCC)

The PCC ET is to clear the child on the MEDS INQO screen to determine if a Benefits Issuance Card (BIC) has ever been issued for the child.

EMC # 94078

ACWDLs  
94-51, 94-47,  
94-28, 94-25,  
94-05, 93-53



1) No BIC Issued

EMC # 94078

a) The PCC ET shall:

ACWDLs  
94-51, 94-47,  
94-28, 94-25,  
94-05, 93-53

- Initiate an aid code 45 case using the address where the child is residing or is going to reside; if unknown, use the PCC address. BICs received at PCC for children who are no longer there are to be forwarded to the foster parent.

2) BIC Issued

a) Active CalWORKs (including 38 cases) or a zero share of cost (SOC) Medi-Cal case:

(1) The PCC ET shall:

- Complete form # KM 80, which includes the Client Index Number (CIN), the child's date of birth, the issue date of the BIC and other health care information. One copy of form # KM 80 is placed by the PCC ET in the child's medical file, which is given to the foster parent.
- If the child is on a Prepaid Health Plan (PHP), the ET shall FAX a disenrollment request to DHS.

Note: At the request of the foster parent, a child may remain in a PHP.

b) If there is no active CalWORKs or Medi-Cal case, or if child is active in a SOC Medi-Cal case, the PCC ET shall:

- Initiate an aid code 45 case using the address where the child is residing or is going to reside; if unknown, use the PCC address.
- If the child is on a Prepaid Health Plan (PHP), the ET shall FAX a disenrollment request to DHS, unless the foster parent requests that the child remain in the PHP as noted above.

B. Probation

The following procedures are to be followed when providing Medi-Cal for wards after their Disposition Hearing.

The ET handling post disposition cases shall:

- Obtain the Medi-Cal application for the child completed by the Probation Department;
- Clear the child on the MEDS INQO screen to determine if a BIC has ever been issued for the child;
- Initiate a 45 case using the following address:

Prob Dept Plcmt Supvr  
PO BOX 23596  
San Diego, Ca 92139-3596

- Request a replacement BIC only if the Probation Department requests a BIC and a BIC has been previously issued.

EMC # 94078

C. All Other Replacements

ACWDLs  
94-51, 94-47,  
94-28, 94-25,  
94-05, 93-53

The following procedures are to be followed when providing Medi-Cal for children in placements other than the two above.

The FC ET shall clear the child on the MEDS INQO screen to determine if a BIC has ever been issued for the child.

1) No BIC Issued

The ET shall:

- Initiate the appropriate payment case; and
- Notify the foster parent on the Notice of Action (NOA) if the child has OHC.

2) BIC Issued

If a BIC has been issued, notify the foster parent on the NOA if the child has OHC.

13. REMOVING THE OTHER HEALTH CARE INDICATOR

ACWDL  
01-61

To prevent barriers to medical service of FC children, DHS will remove the OHC code on the MEDS at the request of a duly authorized party. A duly authorized party is:

- An ET,
- A FC worker, or
- An enrolled Medi-Cal provider of service.

Staff may request the removal of the OHC indicator if they have either written documentation or documentation of oral communication from the other health insurer which confirms that the specific provider, service, service frequency or location is not covered by the OHC. If, within fifteen days of a written or oral request made by a duly authorized party for confirmation of non-coverage, the other health coverage carrier does not provide a written response or an oral response that can be documented, DHS will grant the request to remove the OHC indicator.

The number to call to request the removal of the OHC indicator is 1-800-952-5294.

All documentation of non-coverage should be retained in the FC child's case file.

14. EXPEDITED MEDI-CAL CASE FOR CHILDREN WITH A DETENTION ORDER

ACWDL  
01-41

Children entering the FC system will be treated as immediate need as soon as the detention order is issued. The FC ET will receive the necessary information from the social worker to establish Medi-Cal eligibility for the child. In addition:

- Staff in the Court Unit at Levant Street will fax the detention calendars, on a daily basis, to the FC staff at the Kearny Mesa FRC, fax number (858) 694-2536. The detention calendars list children who will have a detention hearing on that day. Each child will be cleared on MEDS to identify if he/she has a MEDS record.
- Children with active MEDS require no further action. Children who do not have active MEDS will require expedited Medi-Cal handling if they are in “out of home” care.
- An expedited Medi-Cal Request Referral Form 04-280 will be faxed to the social worker's supervisor (or duty worker of the day) requesting an MC 250, SAWS 1 and MC 13 to be faxed back within 24 hours for children in placement.
- Medi-Cal eligibility will be established, upon receipt of the forms, for children who are not already Medi-Cal beneficiaries. The FC ET will submit an on-line entry request (14-1) to the Medi-Cal Eligibility Data System (MEDS) clerk to immediately enter the Medi-Cal eligibility.
- Upon completion of the on-line entry, the Client Index Number (CIN) and issue date will be recorded on the 14-1 and returned to the Foster Care ET.
- Proof of Medi-Cal eligibility will be issued for children with no previous Medi-Cal record.
- Proof of Medi-Cal will also be issued at the request of a child's authorized representative for any child who has active Medi-Cal at the time of removal from the home, but does not have access to his/her BIC. Authorized representatives include the social worker or substitute care provider. Proof of Medi-Cal eligibility includes:
  - A paper Medi-Cal card, or
  - The Client Index Number (CIN) and issue date from the MEDS record.

#### 15. FOSTER CARE COORDINATOR

A FC coordinator, in Medi-Cal eligibility, has been appointed to ensure that FC ETs and Childrens Services workers have a contact for Medi-Cal eligibility. When there is a delay in immediate need Medi-Cal issuance, the FC Coordinator will intervene. The FC coordinator will also be a contact for CDHS Medi-Cal Eligibility Branch.

A FC Coordinator Referral Form 04-279 has been developed. When a FC ET or social worker requires assistance with immediate need Medi-Cal processing, the referral will be faxed to the FC coordinator:

FC Coordinator, MS W-92  
Phone: (858) 495-5448  
Fax: (858) 694-2536

The FC coordinator will respond to the request for assistance within 24 hours regarding the child's Medi-Cal eligibility status.

## APPENDIX A

### Medi-Cal Eligibility for Institutional Inmates\*

Title 22, California Administrative Code (CAC), Section 50273, precludes Medi-Cal eligibility for certain institutionalized individuals from the date of arrest or entry into an institution through the date of release. A ten-day Notice of Action (NOA) is not required prior to discontinuance due to entry into an institution is not considered an adverse action (Title 22, CAC, Section 50015).

County welfare departments should immediately discontinue individuals found to be institutionalized with an appropriate NOA and request return of the Medi-Cal card. The following chart identifies individuals ineligible due to institutional status.

TYPE OF INMATE								
Type of Institution		Court Committed			Juvenile		Voluntary (Including Parolee/Probationer)	
	Under Penal Hold	21-64	65 or Over	Codes 601 or 300	Under W&I Code 602	Others Under 21	21-64	65 or Over
(1) Public or private mental institution	(a) *Inelig	Inelig	Inelig	Inelig	Inelig	Inelig	Inelig	Inelig
a) Custodial care								
b) Patient care	(b) Inelig	Inelig	*Elig	Elig to age 22	Inelig	Elig to age 22	Inelig	Inelig
(2) Public or private institution for tuberculosis	(a) *Inelig	Inelig	Inelig	Inelig	Inelig	Inelig	Inelig	Inelig
a) Custodial care								
b) Patient care	(b) Inelig	Inelig	Elig	Elig	Inelig	Elig	Inelig	Elig
(3) Public or private general medical facility. Diagnosis of tuberculosis or other diagnosis	Inelig	Elig	Eig	Elig	Inelig	Elig	Elig	Elig
(4) Public or private mental facility. Diagnosis of mental illness	Inelig	**** Inelig	Elig	Elig to age 22	Inelig	Elig	Inelig	Elig

# APPENDIX A (Cont'd)

TYPE OF INMATE								
Type of Institution		Court Committed			Juvenile		Voluntary (Including Parolee/Probationer)	
	Under Penal Hold	21-64	65 or Over	Codes 601 or 300	Under W&I Code 602	Others Under 21	21-64	65 or Over
(5) Public or private nonmedical institution other than (1) or (2) above, such as board and care home	Inelig	Elig	Elig	Elig	Inelig	Elig	Elig	Elig
(6) Public or private intermediate care or skilled nursing facility	Inelig	Elig	Elig	Elig	Inelig	Elig	Elig	Elig

\* Inelig - Ineligible

\*\* Elig - Eligible

\*\*\* Approval of an application of an inmate eligible as in accordance with (1) through (6) above shall be contingent upon all other eligibility criteria being met.

\*\*\*\* Persons institutionalized prior to their 21st birthday are eligible until they reach their 22nd birthday as long as they remain continuously institutionalized and receive inpatient psychiatric care.

## Welfare and Institutions Code Number Explanations:

1. W&I 300 - Person needs care due to mental or physical deprivation.
2. W&I 601 - Uncontrollable-ward of court.
3. W&I 602 - Violation of law.